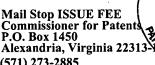
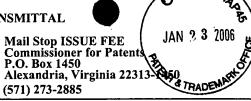


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail





INSTRUCTIONS: This form should appropriate. All further correspondence indicated unless corrected below or dimaintenance fee notifications.			or <u>F</u>			
	be used for transmitt e including the Paten rected otherwise in B	ing the ISSUI t, advance ord lock 1, by (a)	E FEE and P lers and notif specifying a	UBLICATION FEE (if requication of maintenance fees when the correspondence address;	ired). Blocks 1 through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any ch	ange of address)		Note: A certificate of Fee(s) Transmittal. The	mailing can only be used is certificate cannot be used	for domestic mailings of the for any other accompanying tent or formal drawing, must
2292 7590 10/24/2005				have its own certificate	e of mailing or transmission.	
BIRCH STEWART KOLASCH & BIRCH, LLP				Cei	rtificate of Mailing or Tran	smission
PO BOX 747				I hereby certify that the	is Fee(s) Transmittal is being	ng deposited with the United
FALLS CHURCH, VA 22040-0747				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
4/2006 MBEYENE2 00000142 0925	6368			transmitted to the USP	10 (571) 273-2885, on the	
						. (Depositor's name)
FC:1501 1400.00 OP PFC:8001 12.00 OP						(Signature)
						(Date)
APPLICATION NO. FILI	NG DATE	F	IRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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TITLE OF INVENTION: COLOR CH						
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AMINI, JAVID A		2672		345-431000		•
1. Change of correspondence address or CFR 1.363).	indication of "Fee Ad	dress" (37	2. For print	ing on the patent front page, li	st .D.T.D.G.U.	CMERTA DEL MOLA
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
			3. ASSIGNEE NAME AND RESIDEN	CE DATA TO BE PR	INTED ON T	HE PATENT
PLEASE NOTE: Unless an assigner recordation as set forth in 37 CFR 3.1	is identified below, I. Completion of this	no assignee d s form is NOT	lata will appe a substitute fo	ar on the patent. If an assign or filing an assignment.	ee is identified below, the	document has been filed for
(A) NAME OF ASSIGNEE				E: (CITY and STATE OR COU	UNTRY)	
MITSUBISHI DENKI	KABUSHIK	I T	OKYO,	APAN		
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Please check the appropriate assignee ca	tegory or categories (v	will not be prin	nted on the pa	tent): 🔲 Individual 💆 Co	orporation or other private gr	roup entity Government
4a. The following fee(s) are enclosed:			Payment of F	` '		
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